

36224

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 3622
Examiner : James W. Myhre
Serial No. : 09/981,156
Filed : October 17, 2001
Inventors : Adrienne Lewis
Title : SYSTEM AND METHOD OF
: ADVERTISING ON A
: COMPUTER NETWORK



035811

PATENT & TRADEMARK OFFICE

Docket No.: 1248-R-01
Confirmation No.: 5615
Dated: June 27, 2003

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Certificate of Mailing Under 37 CFR 1.8

For

Postcard
\$45.00 Check
Amendment Transmittal (in dupl.)
Amendment

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date appearing below.

Name of Applicant, Assignee, Applicant's Attorney
or Registered Representative:

Piper Rudnick LLP
Customer No. 35811

By: _____

Date: _____ 6/27/03

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Attorney Docket No.: 1248-R-01

In re Application of Adrienne Lewis

Serial No.: 09/981,156

Filed: October 17, 2001

For: SYSTEM AND METHOD OF ADVERTISING ON A COMPUTER NETWORK

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☒ Small entity status of this application under 37 CFR §1.9 and §1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR §1.9 and §1.27 is enclosed.
- ☐ No additional fee is required.

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The fee has been calculated as shown below:

(Col. 1) (Col. 2) (Col. 3)

SMALL ENTITY

OTHER THAN
SMALL ENTITY

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PRE- VIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	41	-	36 =	5
INDEP.	5	-	5 =	0
First presentation of multiple dependent claim				

RATE	ADD'L FEE
x 9=	\$45
x42=	\$
+140=	\$

OR


RATE	ADD'L FEE
x18=	\$
x84=	\$
+280=	\$

TOTAL ADDITIONAL FEE \$ 45.00 OR \$ _____

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

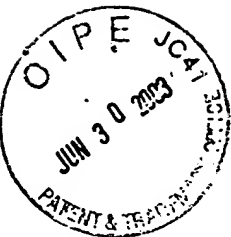
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-2719 in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$ 45.00 is attached.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2719. A duplicate copy of this sheet is enclosed.
- ☒ Any filing fees under 37 CFR §1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR §1.17 with the exception of the Issue Fee which we intend to pay by check.



Paul A. Taufer
Reg. No. 35,703
Attorney for Applicant(s)

PAT:ers
(215)656-3300



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Mail Stop Non-Fee Amendment

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action mailed 4 June 2003, please consider the following remarks and amendments.

Amendments to the Claims are reflected in the Listing of Claims which begins on page 2.

Remarks begin on page 9.

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45.00 OP *OK*

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